

**Department of Consumer and Industry Services
Director's Office**

Office Use Only

APPOINTMENT/MEETING REQUEST FORM

Please complete this form and submit as soon as possible.

Send requests to Director's Scheduling Office: P.O. Box 30004, Lansing, MI 48909

I.D. Mail: 4th Floor, Williams Building, Lansing Run

Fax: 517.373.2129

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Event Information

Event	Topic <i>(Please be specific)</i>	
Date(s) of Event	Day(s) of the Week <input type="checkbox"/> Sunday <input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday <input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Multiple Days <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday	
Time of Event Reception: _____ to _____ Meal: _____ to _____ Program: _____ to _____	Amount of Time Requested <input type="checkbox"/> 30 Minutes <input type="checkbox"/> 1 Hour <input type="checkbox"/> Other: _____	Location <input type="checkbox"/> Our Office <input type="checkbox"/> Other:
Event Request <i>(Check all that apply)</i> <input type="checkbox"/> Attend Only <input type="checkbox"/> Keynote Speech <input type="checkbox"/> Panel <input type="checkbox"/> Greetings/Comments <input type="checkbox"/> Meeting <input type="checkbox"/> Present Proclamation/Grant/Award <input type="checkbox"/> Representative Desired if Director Unavailable? <input type="checkbox"/> Other:	General Information <input type="checkbox"/> Questions and Answers <input type="checkbox"/> Other Speakers? <input type="checkbox"/> Other Event Details:	

Contact Information

Requestor's Name		Title	
Organization/Association/Firm/Office			
Mailing Address			
Office Phone	Cell Phone		Fax Number
E-Mail Address		Home Phone or Other Emergency After-Hours Contact	

Attendee Information

Description of those Attending <i>(i.e., Association members, students, general public, seniors, etc.)</i>	Number Expected to Attend
Director's Office Use – Names of Others to be included in Event/Appointment/Meeting <i>(Check all that Apply)</i>	
<input type="checkbox"/> Director's Staff: _____ <input type="checkbox"/> Media Staff: _____ <input type="checkbox"/> OPLA Staff: _____ <input type="checkbox"/> MEDC Staff: _____ <input type="checkbox"/> MDCD Staff: _____ <input type="checkbox"/> Bureau/Office Staff: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> H/P: _____ <input type="checkbox"/> L/P: _____